

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|-------------|---------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>Alt</i> | <i>32</i> | <i>7/10</i> |
| FORMALITY REVIEW | <i>2A</i> | <i>1120</i> | <i>9/5/01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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105-0050